

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

24045
Do not use this space.

6739

1. PLACE OF DEATH

(a) County St Louis Mo Registration District No. 1
(b) Township St Louis Mo Primary Registration District No. 10023
(c) City St Louis Mo (d) Street No. Entrate City Hospital St. 6739
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3800 So Main St St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/6/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 4 24 13 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Lewis Raitel Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Koanaka Ill

15. MAIDEN NAME Dorothy Frances Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millsboro Ill

17. INFORMANT (ADDRESS) Lewis Raitel Sr 3800 So Main

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis, U DATE 7-22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Budick 2500 Rutger Anatomical Labs

20. FILED J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 7/9 1938 Death is said to have occurred on the date stated above, at 12:00 noon m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation
cause unknown

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) Joseph H. Quinn Deputy Coroner
(Address) None

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.